

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
61/575181

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6		1				
7		1				
8		3				
9		3				
10		1				
11		3				
12		3				
13		3				
14		1				
15		3				
16		3				
17		3				
18		1				
19		3				
20		3				
21		3				
22		1				
23		1				
24		1				
25		1				
26		3				
27		3				
28		1				
29	1					
30		1				
31		1				
32	1					
33	1					
34		1				
35		1				
36		3				
37		2				
38		3				
39		3				
40		1				
41		3				
42		1				
43		2				
44		1				
45		3				
46		3				
47		2				
48		1				
49	1					
50		1				
TOTAL IND.	7					
TOTAL DEP.	11	1	1	1	1	1
TOTAL CLAIMS	124					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						